

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

SEP 16 2005

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

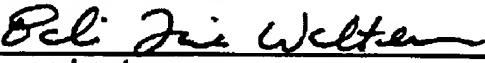
Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Art Unit	2665
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	9/16/05		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	9/16/05
Signature			

RECEIVED
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 16 2005

In re application of: Linda Ann Roberts **Group Art Unit:** 2665
Application No.: 09/855,804 **Examiner:** Jason E. Mattis
Filed: May 16, 2001
Title: "Priority Caller Alert"

VIA FACSIMILE 571-273-8300

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 09/16/2005 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

September 16, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

BEST AVAILABLE COPY

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 9/15/05

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

SEP 16 2005 12:54PM WALTERS

7572535729

P. 4

SEP 16 2005

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Examiner Name	Jason E. Matis
Art Unit	2665
Attorney Docket No.	BS00337

TOTAL AMOUNT OF PAYMENT **\$180.00**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other
 Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Charge fee(s) indicated below, except for the filing fee
 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=

HP=highest number of independent claims paid for, if greater than 3.

Dep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up)	x	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50		x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.00

SUBMITTED BY:

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729
Signature	<u>Bambi F. Walters</u>		Date	9/15/05	

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

SEP 16 2005 12:54PM WALTERS

7572535729

P. 5

SEP 16 2005

**FEE TRANSMITTAL
for FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Examiner Name	Jason E. Matis
Art Unit	2665
Attorney Docket No.	BS00337

TOTAL AMOUNT OF PAYMENT **\$180.00**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other

Deposit Account **Deposit Account No. 19-2167**

Deposit Account Name:

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Enty Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Supplemental IDS Fee**

180.00

SUBMITTED BY:

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729
Signature	<i>Bambi F. Walters</i>		Date	9/15/05	

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → +

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTD

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

She

- 1 -

4

1000

<i>Complete If Known</i>	
Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Group Art Unit	2685
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

U.S. PATENT DOCUMENTS

OTHER PRIOR ART ~ NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.